## As the patient, you have the right to:

- Receive complete, accessible and quality health care and information that is provided in a respectful and timely manner.
- Ask questions. It is very acceptable to ask questions of your doctor. Continue to ask questions until you understand. Write down answers, or record answers with a tape recorder so you don't get confused. Call back to ask additional questions. Take a friend or family member into the doctor's office with you so they can get the information or ask questions. They may hear things you miss.
- Obtain the necessary information to make an informed decision regarding your health.
- Receive privacy and confidentiality regarding your symptoms, treatment, tests and medication.
- Request and receive copies of your medical records and written reports.

**Providing the correct information** about your health is central to a successful visit to your doctor's office. Your relationship with your doctor is a partnership. You need to provide your doctor:

- A list of symptoms you're experiencing. Do not be shy, ashamed or embarrassed about asking questions. Tell the truth. This is your health, and accuracy is important. List the most severe and most problematic symptoms first. Be specific. How long have you had them? When did they occur? What makes the symptoms better? Or worse?
- A list of questions for the doctor. Have your health history and drugs, with dosages, you are taking.
- Your medical background/health history. Accuracy is essential! Write down your health history and add to it as the years go by.
- A description of your pain where, how, and how much your symptoms hurt. Tell the doctor if the pain is sharp, dull, burning, etc Pain scales are very common and are used to help describe pain. A pain scale is 0-10, with 0 being no pain and 10 being unbearable pain.
- A list of prescription medication, herbs, supplements, vitamins and over the counter medications you are taking on a regular basis, or that you have taken or applied topically to relieve your symptoms. Accuracy of dosages is important. You can list these on your health history.

Be patient and allow your doctor some quiet time to think about what you are sharing with him/her and to review your chart. This will give him/her the opportunity to better diagnose and treat your symptoms. Be sure to answer the doctor's questions in a straightforward, direct manner.



■ Ilwc@ci.lincoln.ne.us

● 402/441-7716

Lincoln NE 68508-2294

100

Ste.

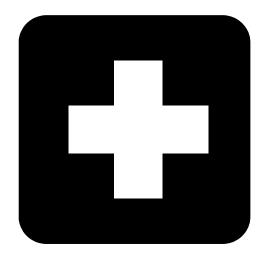
S;

æ

Ś

440

Lincoln-Lancaster Women's Commission



## My Medical Records Manager

Name:
Address:
City/State/Zip:
Health Insurance Co:
Policy Number(s):
Phone:
Contact:
Emergency Contact or Nearest Relative: Name:
Address:
City/State/Zip:
Phone:



My Medical History

The most important factor in receiving good health care is to give specific medical information to your health care provider and staff. Keeping permanent records of your medical history promotes better communications between you and your provider in ensuring you get the best care possible.



ALLERGIES Type (food, medicine, environment) Symptoms Medications  FAMILY MEDICAL HISTORY - cancer, high blood pressure, heart disease, etc.  Relative Disease or illness	BIRTH DEFECT	S	CHILDHOOD ILLNESSES		
Type (food, medicine, environment)  Symptoms  Medications  FAMILY MEDICAL HISTORY - cancer, high blood pressure, heart disease, etc.			Type	Age	
Type (food, medicine, environment)  Symptoms  Medications  FAMILY MEDICAL HISTORY - cancer, high blood pressure, heart disease, etc.					
Type (food, medicine, environment)  Symptoms  Medications  FAMILY MEDICAL HISTORY - cancer, high blood pressure, heart disease, etc.					
Type (food, medicine, environment)  Symptoms  Medications  FAMILY MEDICAL HISTORY - cancer, high blood pressure, heart disease, etc.	ALI FRGIES				
FAMILY MEDICAL HISTORY - cancer, high blood pressure, heart disease, etc.			<b>.</b>		
	Type (100a, mean	cine, environment)	Symptoms	Medications	
Relative Disease or illness	FAMILY MEDICA	AL HISTORY - cancer,	high blood pressure, h	eart disease, etc.	
	Relative	Disease or illness	<u>.</u>		
	TOGUTO		<u>.</u>		

CURRENT MEDICATIONS I AM TAKING:							
Prescription	Purpo	o <u>se/I</u> llness	Frequency				
SURGERIES	_						
	Date	Hospital	Attending Physician				
TOUG							
IMMUNIZATIONS	Data	<b>~</b> :	Leasting/Doctor				
IMMUNIZATIONS Type	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
	Date	Given	Location/Doctor				
Type		Given	Location/Doctor				
MY DOCTOR'S INFORMATIO	DN .						
Type			Location/Doctor  Phone/Fax				
MY DOCTOR'S INFORMATIO	DN .						
MY DOCTOR'S INFORMATIO	DN .						
MY DOCTOR'S INFORMATIO	DN .						
MY DOCTOR'S INFORMATIO	DN .						
MY DOCTOR'S INFORMATIO	DN .						

SYMPTOMS I AM HAVING:	QUESTIONS FOR MY DOCTOR:	SYMPTOMS I AM HAVING:	QUESTIONS FOR MY DOCTOR:
			-
_			
_			
_			
			-
_			